

OR.
Arnold

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019004

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 5072

Registrar's No. 46

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Newport Twp

Length of stay in 1b
3 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lamar, Mo. R. 4

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Barton

c. CITY OR TOWN Newport Twp

d. STREET ADDRESS (If outside, give location)
Lamar, Mo. R. 4

3. NAME OF DECEASED (Type or print)

First Middle Last
THOMAS RICHARD O'LEARY

4. DATE OF DEATH Month Day Year
June 3, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-16-1902

9. AGE (last birthday) 61

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Kans. Gas & Electric

11. BIRTHPLACE (City and state or country)
Reno Co. Kansas

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Richard C. O'Leary

13b. MOTHER'S MAIDEN NAME

Sarah Glick

14. NAME OF HUSBAND OR WIFE

Edith Adams O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)
No

17. INFORMANT Address
Mrs. Edith O'Leary, Lamar, Mo. R. 3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Thrombosis
Coronary Sclerosis with
Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

Sudden
3-4 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION - COUNTY STATE

21. I attended the deceased from 4-11-63 to 6-3-63 and last saw her alive on 5-21-63
Death occurred at 12:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Herbert M. Arnold M.D. Lamar, Missouri 6-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 6-6-1963

23c. NAME OF CEMETERY OR CREMATORY
Newport Cemetery

23d. LOCATION (City, town, or county)
Newport, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bruce -Konantz Funeral Home, Lamar, Mo.

6-7-1963

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0060

2 0060

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-0

13 7-0

100010-01
AUG-22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.